Substitute Bill No. 5692

February Session, 2000

An Act Concerning The Reporting Of Insurance Fraud.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 29-311 of the general statutes is repealed and the
- 2 following is substituted in lieu thereof:
- (a) The Commissioner of Public Safety as State Fire Marshal, any local fire marshal within [his] the local fire marshal's jurisdiction, and all duly authorized fire and police personnel acting within their jurisdiction may enter into and upon any premises or building where any fire or explosion has occurred and premises adjacent thereto, without liability for trespass or damages reasonably incurred, to conduct investigations in accordance with sections 29-302 and 29-310,
- 10 under the following circumstances and conditions:
- [(a)] (1) During an emergency by reason of fire or explosion on any premises, they or any of them may, without a warrant, enter such premises during the suppression of the fire or explosion or within a reasonable period of time following the suppression thereof and remain for a reasonable period of time following the suppression of the fire or explosion to: [(1)] (A) Investigate in order to determine the cause and origin of the fire or explosion, [(2)] (B) prevent the
- 18 intentional or unintentional destruction of evidence and [(3)] (C)

19 prevent a rekindling of the fire.

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[(b)] (2) After expiration of a reasonable period of time following the suppression of the fire or explosion, they or any of them shall apply in writing under oath to any judge of the Superior Court for a warrant to enter upon the premises to determine the cause and origin of the fire or explosion, if such cause or origin has not been previously determined. The application shall describe: [(1)] (A) The premises under investigation, [(2)] (B) the owner or occupant of the premises, if reasonably ascertainable, [(3)] (C) the date and time the fire or explosion which is the subject of the investigation was reported to a police or fire agency, and [(4)] (D) the dates and times during which the investigative activities to determine the cause and origin of such fire or explosion are to be conducted. The judge to whom an application for a warrant is made may issue such a warrant upon finding that the requirements of this subsection have been met, and that the proposed activities are a reasonable intrusion onto the private premises to determine the cause and origin of the fire or explosion.

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- (b) The Commissioner of Public Safety as State Fire Marshal shall,
 within available appropriations, provide quarterly reports to the
 Insurance Commissioner detailing all cases in which it has been
 determined that a fire or explosion was the result of arson.
 - Sec. 2. Section 31-290d of the general statutes is repealed and the following is substituted in lieu thereof:
 - (a) There shall be a workers' compensation fraud unit within the office of the Chief State's Attorney in the Division of Criminal Justice. The unit, under the supervision of the Chief State's Attorney, may, upon receipt of a complaint, at the request of the chairman of the Workers' Compensation Commission or on its own initiative, investigate cases of alleged fraud involving any claim for benefits, any receipt or payment of benefits, or the insurance or self-insurance of liability under sections 31-275 to 31-355a, inclusive, as amended. Upon conclusion of the investigation, the Chief State's Attorney shall take appropriate action to enforce the laws of this state.

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- 52 (b) The workers' compensation fraud unit shall submit a quarterly 53 report detailing its activities to the chairman and the Advisory Board 54 of the Workers' Compensation Commission and to the Insurance 55 Commissioner.
- (c) The cost of the workers' compensation fraud unit shall be appropriated by the General Assembly as an expense of the Workers' Compensation Commission and shall be paid from the Workers' Compensation Administration Fund established under section 31-344a. The unit shall not engage in nor be assigned any duties or responsibilities other than those authorized by or necessary to carry out the provisions of this section.
- Sec. 3. Section 38a-12 of the general statutes is repealed and the following is substituted in lieu thereof:

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- (a) The commissioner shall, annually, submit to the Governor a report of [his] the commissioner's official acts and of the condition of all insurance companies doing business in this state, with a condensed statement of their reports made to [him] the commissioner or accepted by [him] the commissioner, together with an abstract of all accounts rendered to any court by any receiver of a domestic insurance company, a statement of the fees received by [him] the commissioner and paid by [him] the commissioner to the Treasurer and such other facts as are required by law.
- (b) On or before January 15, 2001, and annually thereafter, the commissioner shall submit to the joint standing committee of the General Assembly having cognizance of matters relating to insurance a report detailing all the information the commissioner received during the past year pursuant to sections 29-311, as amended by this act, 31-290d, as amended by this act, 38a-356, as amended by this act, and 53-445, as amended by this act.
- Sec. 4. Section 38a-356 of the general statutes is repealed and the following is substituted in lieu thereof:

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(a) Any authorized employee of the Department of Public Safety, Department of Motor Vehicles or a local police department may in writing request any insurance company to release to such employee information relative to any investigation it has made concerning a motor vehicle's loss or potential loss or any information relating to fraud or potential fraud in any claim under a motor vehicle insurance policy. Any insurance company, on its own initiative, may provide and disclose information relating to fraud or potential fraud to such authorized persons. Such information shall include, but not be limited to: (1) An insurance policy relative to such loss, (2) policy premium records, (3) history of previous claims, and (4) other relevant material relating to such loss or potential loss or to such fraud or potential fraud.

- (b) Any insurance company so requested shall furnish such information to any such employee and shall permit the Insurance Commissioner or the commissioner's designee and any person ordered by a court to inspect its records pertaining to the policy and loss. Any insurance company may request any such employee to release information relative to any departmental investigation concerning the loss. Any information obtained relative to fraud or potential fraud may be disclosed to any central reporting bureau and any law enforcement agency.
- (c) On or before December 15, 2000, and on or before each July thirty-first thereafter, each insurance company shall provide the Insurance Commissioner annual reports detailing all information received or investigations conducted by such company during the past year concerning insurance fraud in any claim under a motor vehicle insurance policy. Such reports shall be filed in a manner prescribed by the commissioner.
- [(c)] (d) In the absence of fraud, malice or criminal act, no insurance company, authorized employee or person who furnished information on behalf of such company or department, shall be liable for damages in a civil action or subject to criminal prosecution for any oral or

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- written statement made pursuant to the provisions of this section.
- [(d)] (e) Information furnished pursuant to this section shall be held
- in confidence until its release is required pursuant to a criminal or civil
- 119 proceeding.
- Sec. 5. Section 53-444 of the general statutes is repealed and the
- 121 following is substituted in lieu thereof:
- Any insurer, as defined in subsection (c) of section 53-441, that is
- aggrieved as a result of an act of insurance fraud may institute an
- action against the perpetrator of such fraud to recover all damages
- resulting from the fraud. Any person perpetrating health insurance
- fraud shall be liable to the insurer for treble damages in a civil action
- 127 <u>under section 52-564.</u>
- Sec. 6. Subsection (a) of section 53-445 of the general statutes is
- repealed and the following is substituted in lieu thereof:
- 130 (a) Any person, including an insurer, as defined in subsection (c) of
- section 53-441, who has knowledge of or has reason to believe that
- health insurance fraud, as defined in section 53-442, has occurred, shall
- 133 provide notice and any [additional] information, evidence and
- documentation in [his] the person's or its possession relative to the
- suspected fraud [as] to the Insurance Commissioner. [may require.]
- Sec. 7. Section 53a-215 of the general statutes is repealed and the
- following is substituted in lieu thereof:
- 138 (a) A person is guilty of insurance fraud when [he] the person, with
- the intent to injure, defraud or deceive any insurance company: (1)
- 140 Presents or causes to be presented to any insurance company, any
- written or oral statement including computer-generated documents as
- part of, or in support of, any application for any policy of insurance
- 143 [providing coverage for loss or damage to real or personal property
- caused by fire or a claim for payment or other benefit pursuant to
- such policy of insurance, knowing that such statement contains any

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- false, incomplete, or misleading information concerning any fact or 146 147 thing material to such application or claim; or (2) assists, abets, solicits, 148 or conspires with another to prepare or make any written or oral 149 statement that is intended to be presented to any insurance company 150 in connection with, or in support of, any application for any policy of 151 insurance [providing coverage for loss or damage to real or personal 152 property caused by fire or any claim for payment or other benefit 153 pursuant to such policy of insurance, knowing that such statement 154 contains any false, incomplete, or misleading information concerning 155 any fact or thing material to such application or claim for the purposes 156 of defrauding such insurance company.
- (b) For the purposes of this section, "statement" includes, but is not limited to, any notice, statement, invoice, account, estimate of property damages, bill for services, test result, or other evidence of loss, injury, or expense.
 - (c) For the purposes of this section, "insurance company" [shall include organizations issuing insurance policies in this state pursuant to the provisions of section 38a-328] means "insurance company" as defined in section 38a-1.
- (d) Insurance fraud is a class D felony.

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INS Committee Vote: Nay **JFS** Yea 18 0 JUD Committee Vote: Nay JF Yea 33 0 PS Committee Vote: Yea 22 Nay 0 JF

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